



UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
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BIBDATASHEET

CONFIRMATION NO. 2674

Bib Data Sheet

SERIAL NUMBER 09/891,420	FILING DATE 06/27/2001 RULE	CLASS 604	GROUP ART UNIT 3763	ATTORNEY DOCKET NO. 12013/51801
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APPLICANTS

Charles D. Lennox, Hudson, NH;

** CONTINUING DATA *****

This application is a CON of ~~09/219,373 12/23/1998 PAT 6,206,283~~
~~which is a CON of 09/080,237 05/18/1998 PAT 6,280,411~~

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 07/26/2001

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>	STATE OR COUNTRY NH	SHEETS DRAWING 3	TOTAL CLAIMS 25	INDEPENDENT CLAIMS 3
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ADDRESS
 23838
 KENYON & KENYON
 1500 K STREET, N.W., SUITE 700
 WASHINGTON, DC
 20005

TITLE
 Localized delivery of drug agents

FILING FEE RECEIVED 800	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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Bib Data Sheet

CONFIRMATION NO. 2674

SERIAL NUMBER 09/891,420	FILING DATE 06/27/2001 RULE	CLASS 235	GROUP ART UNIT 2876	ATTORNEY DOCKET NO. 12013/51801
APPLICANTS Charles D. Lennox, Hudson, NH;				
** CONTINUING DATA ***** THIS APPLICATION IS A CON OF 09/219,373 12/23/1998 PAT 6,206,283 WHICH IS A CON OF 09/080,237 05/18/1998 <i>THANIT</i>				
** FOREIGN APPLICATIONS ***** <i>57,691</i> <i>235/379</i> <i>delete</i>				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 07/26/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		STATE OR COUNTRY NH	SHEETS DRAWING 3	TOTAL CLAIMS 25
INDEPENDENT CLAIMS 3				
ADDRESS 23838				
TITLE Localized delivery of drug agents				
FILING FEE RECEIVED 800	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	